

**TO THE APPLICANT** – List name and license number in top section only and forward to all U.S. jurisdictions in which you have ever been issued a license to practice as an audiologist or speech-language pathologist.

Applicant Full Name:	License Number:
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**STATE LICENSURE BOARD OR REGULATORY AGENCY** – The person listed above is applying for a license to practice as an audiologist or speech-language pathologist in Virginia. The Virginia Board of Audiology and Speech-Language requests that the form be completed by each jurisdiction in which he/she holds or has ever held a license/certificate. Please complete the form and return it to the address or email address above. **(Note: Completion of form not required if jurisdiction has alternative format for verification.)**

State/Commonwealth of: \_\_\_\_\_

Licensee Name:	Issued Date:
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License/Certification Number: \_\_\_\_\_

Licensed/Certified Through (check all that apply):

National Examination (PRAXIS)       American Speech-Language Hearing Association (ASHA)

State Board Examination

Reciprocity/Endorsement from another U.S. State or Territory (Name of State)

\_\_\_\_\_

Status of License is:  Active     Current Inactive     Expired/Lapsed    Expired Date \_\_\_\_\_

Revoked     Suspended

Has the applicant's license/certificate ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has there been any disciplinary history? If yes to any of the questions, please provide all information available under your state's freedom of information statutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Comments, if any: \_\_\_\_\_

**BOARD SEAL**

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Signed

\_\_\_\_\_

Date